

FILED NOV 10 1944

Registration District No. 225

Primary Registration District No. 4478

Registrar's No. 43

1. PLACE OF DEATH:
 (a) County Schuyler
 (b) City or town Lancaster, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
 (If not in hospital or institution, write street number or location) _____
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community _____
 years, months or days _____

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Schuyler
 (c) City or town Lancaster, Mo. 98
 (If outside city or town limits, write "RURAL.") _____
 (d) Street No. _____ (If rural, give location) _____
 (e) Citizen of foreign country? No (Yes or No) _____
 If yes, name country _____

3. (a) PRINT FULL NAME Birdie Susanna Wilson
 3. (b) If veteran, name war No
 3. (c) Social Security No. No

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month October day 10th
 year 1944 hour 4 minute 10 P.M.
 21. I hereby certify that I attended the deceased from June 3,
1944 to Oct. 10, 1944
 that I last saw her alive on October 10, 1944
 and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race White 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Aug. 14 1867
 (Month) (Day) (Year)

Immediate cause of death Hepatic Carcinoma Duration _____
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations No operations
 Of autopsy No autopsy

8. AGE: Years 77 Months 1 Days 26 If less than one day _____ hr. _____ min.
 9. Birthplace Atlanta Missouri
 (City, town, or county) (State or foreign country)

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

10. Usual occupation housewife
 11. Industry or business _____
 12. Name Jasper Shepherd
 13. Birthplace Ohio
 (City, town, or county) (State or foreign country)
 14. Maiden name Susan Taylor
 15. Birthplace Mass.
 (City, town, or county) (State or foreign country)
 16. (a) Informant Dr. Pda Milton
 (b) Address Lancaster, Mo.
 17. (a) Burial (b) Date thereof 10-12-44
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Highland Ridge Cemetery
 18. (a) Signature of funeral director Durvell Benton
 (b) Address Lancaster, Mo.
 19. (a) Oct. 11, 1944 (b) C. C. Justice
 (Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
 While at work? _____ (Specify type of place) (e) Means of injury 0
 23. Signature Pola M. Milton (M. D. certificate) _____
 Address Lancaster, Mo. Date signed Oct. 11, 1944

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 11-44-1824

Date Filed NOV 8 1944

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Purcell O. Fenton, Registered Apprentice No. 3705
working under my personal supervision.

Signed Purcell O. Fenton

Licensed Embalmer No. 3705

P. O. Address Lancaster, Me.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.